

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
 1000

Registration District No. 2-2-09 Registered No.
 (For use of Local Registrar)
 (No. 1000 St.; Ward.)

(2) Full Name of Child

(3) BOY OR GIRL? GIRL
 (4) Twin or Triplet?
 (5) Number in order of birth
To be supplied only in event of Twins or Triplets
 (6) Are Parents Married?
 (7) DATE OF BIRTH Feb. 3 1916
(Name of Month) (Day) (Year)

If child is not yet named, make supplemental report as directed

FATHER.
 (8) FULL NAME
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Fatherine Perry
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Rock N. C.
 (19) OCCUPATION Widow in State
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child on the date above stated.
 (23) (Signature) W. M. Burnett at 7:30 P. M.,
(Both alive or stillborn) (Hour A. M. or P. M.)
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report
 191....

 Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 7 1916 (28) A. H. MacKay
 Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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